S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21689

State File No.

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 118

59
1
2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 28 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe, Missouri. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 364 Mansur-Chillicothe, Mo 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Isaac Franklin Litton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Addie Litton
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov. (Month) 28 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
59	7	3	hr. min.

9. Birthplace Livingston County (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Geo. W. Litton
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Nancy Minnick
15. Birthplace Livingston County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs Frank Litton
(b) Address Chillicothe, Missouri.
17. (a) Locksprings, Mo (Burial, cremation, or removal) (b) Date thereof 7- (Month) 3- (Day) 42 (Year)
(c) Place: burial or cremation Locksprings, Mo.
18. (a) Signature of funeral director F. B. Norman - Co.
(b) Address Chillicothe, Missouri.
19. (a) July 3-1942 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1942 hour 2:30 minute P.M.
21. I hereby certify that I attended the deceased from June 30 1942 to July 1 1942 that I last saw him alive on July 1 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M.D. or other)
Address Chillicothe Mo Date signed 7/2/42

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by E. R. Norman, Registered Apprentice No. ....., working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.